CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and char	ges. See Invoice for actual schedule and charges.
1, Lourney Emanuel	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	EDERAL CANDIDATE
× s	STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLO	OCKS MUST BE COMPLETED
Candidate name:	
John Olsson	
Authorized committee:	
Olsson for Lincoln Privport	Authority
Agency requesting time (and contact information):	
N/A Brown Salutions - Wanton	ey Fmainuel, 4102-414-4290, bonney abrana
Candidate's political party:	to the or over the training endertal
Republican	
Office sought (no acronyms or abbreviations):	
Lincoln Kirport Anthorty Board	
Date of election:	✓ General Primary
May 4, 2021	
Treasurer of candidate's authorized committee:	
Susan Lovson Rudenburg	
The undersigned represents that:	
(1) the payment for the broadcast time requested has bee	en furnished by (check one box below):
the candidate listed above who is a legally qualifie	d candidate, or
χ the authorized committee of the legally qualified c	andidate listed above;
(2) this station is authorized to announce the time as paid	for by such person or entity; and
(3) this station has disclosed its political advertising policie and other sales practices.	s, including applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT IN THE PLACEMENT OF ADVERTISING.	DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Lourney & Munuel	
Name: Yourney Emanul	Name: Kafie Philippi
Date of Request to Purchase Ad Time: 3-22-21	Date of Station Agreement to Sell Time: 3/23/21

to an opposing candidate or, if it does, for a duration of at least four seconds a the candidate approved the broadcast	(2) contains a clearly identifiable photo nd a simultaneously displayed printed and that the candidate and/or the cand stains a personal audio statement by the	ant to this disclosure either (1) does not refer ograph or similar image of the candidate statement identifying the candidate, that didate's authorized committee paid for the ne candidate that identifies the candidate,
Candidate/Authorized Committee	/Agency	
Signature: WWW // WWW //		
Name: Vourney Emanue	1	
Date: 3-22-21		
T	O BE COMPLETED BY STATION	N ONLY
Ad submitted to Station?	es No	
Date ad received:		
Federal candidate certification signed (a	above): Yes N	No N/A
Rejected – provide reason (opti *Upload partially accepted form, then p	romptly upload updated final form wh	
Date and nature of follow-ups, if any (e.	g., insufficient sponsor ID tag):	
Contract #: 546457	Station Call Letters:	Date Received/Requested:
Est. #:	Station Location: Servicerd, Melvagha	Run Start and End Dates: ー インは ~ 5 1 2
use this space to document schedule of purchased or attach separately. If station	time purchased, when spots actually and will not upload the actual times spots	ients reflecting this transaction to the OPIF or ired, the rates charged and the classes of time aired until an invoice is generated, the name placed in the "Terms and Disclosures" folder in

Federal Candidate Certification:

CONTRACT

Lincoln, NE 68504
(402) 466-1234

And:

% BCom Solutions - Kourtney Emanuel C/O POL21/Olsson for Lincoln Airport Authority **Attention: Kourtney Emanuel** 747 O Street Bay 150 Lincoln, NE 68508

	Contract / Re	vision		Alt Order #	<u>‡</u>
	546457	1			
Advertiser			Ori	iginal Date	/ Revision
POL21/Olsson for Lincoln	n Airport Auth	ority	0	3/23/21	/ 03/23/21
Contract Dates	Estimate #				
04/26/21 - 05/04/21					
Product					
Seneral Election 2021					
	Billing Cycle	Billing	Cale	endar	Cash/Trade
	EOM/EOC	Calend	ar		Cash
	Property	Accour	nt Ex	xecutive	Sales Office
	KZKX-FM	House	Line	coln	Local-Lincoln
	KZKX-FM Special Handl		Line	coln	Local-Lincoln
			Lind	coln	Local-Lincoln
			Line	coln	Local-Lincoln
	Special Handl		Line	coln	Local-Lincoln
	Special Handl		Lind	coln	Local-Lincoln
	Special Handl Demographic Households	ing_			
	Special Handl				Local-Lincoln Product 1/2
	Special Handl Demographic Households	ing_		Code	Product 1/2
	Special Handl Demographic Households	ing_			Product 1/2

				Start/End		Spots/	_	-	Name and Print	
*Line Ch Start	Date End Da	ate Description	1	Time	Days	Length Week	Rate	TypeS	pots	Amount
N 1 KZKX 04/26/	21 05/04/2	1 Mo-Fr 6a-7p)	6a-7p		:30		NM	28	\$952.00
Start Date	End Date	Weekdays	Spots/Week	Rate				- 1		
Week: 04/26/21	05/02/21	44444	20	\$34.00				- 1		
Week: 05/03/21	05/09/21	44	8	\$34.00						
N 2 KZKX 04/26/	21 05/04/2	1 Sa 6a-7p		6a-7p		:30		NM	3	\$63.00
Start Date	End Date	Weekdays	Spots/Week	Rate						
Week: 04/26/21	05/02/21	3-	3	Rate \$21.00				1		
Week: 05/03/21	05/09/21		0	\$21.00						
					Totals				31	\$1,015.00

Time Peri	iod	# of Spots	Gross Amount	Net Amount
04/01/21	-04/30/21	20	\$680.00	\$680.00
05/01/21	-05/04/21	11	\$335.00	\$335.00
Totals		31	\$1,015.00	\$1,015.00

Signature:	Date: